**United Way of Greater Houston**

**2024 Single Investment Process Application for New and Returning Applicants**

**Applications must be submitted in** [**e-Cimpact**](https://agency.e-cimpact.com/login.aspx?org=UWGH) **no later than Thursday, April 18, 2024, at 8:00PM CST.**

**Late applications will not be accepted. Extensions will not be granted.**

**New and Returning Applicants will have Agency and Program Level Forms.**

**Agency Level Forms**

**Agency Contact Information**

* Agency Name *(limit of 150 characters)*
* Primary Address *(drop down)*
* Executive Director *(drop down)*
* Primary Contact *(drop down)*
* Board Chair *(limit of 150 characters)*
* Board Chair Term End Date *(limit of 150 characters)*

**Introduction to Agency**

1. Tell us about your agency. Include why your agency is interested in partnering with United Way of Greater Houston to achieve the goals of the Integrated Client Journey (ICJ). *(Limit of 1,500 characters)*

Committed to Diversity Equity Inclusion Belonging (DEIB):

1. List any internal or external efforts your organization has undertaken to incorporate diversity, equity, inclusion and/or belonging into its policies, practices, and direct client service delivery. Please provide an example of any efforts your agency has undertaken within the past 3 years to expand its DEIB efforts. *(Limit of 1,500 characters)*

Agency Overview and Structure:

1. How is communication structured across your organization? How do you ensure that important information is communicated throughout your organization? *(Limit of 1,500 characters)*
2. What was your organization's overall turnover rate last year? How do you ensure that new staff are properly trained to prevent a disruption of services? *(Limit of 1,500 characters)*

**Integrated Client Journey & CQI Questions**

Integrated Client Journey

Agency Overview and Structure

1. Please describe your organizational approach (including identifying and steps toward serving) individuals and families who are experiencing ALICE. *(Limit of 1,500 characters)*

Collaborative

1. What is your organization's approach to building or creating a collaboration with a new partner? Please provide an example of a new partnership your organization has developed within the past 3 years. *(Limit of 1,500 characters)*

Engagement with the Integrated Client Journey (ICJ):

1. Describe if your organization has the capacity to recommend clients into the Integrated Client Journey (ICJ) for navigation services or intake clients that are referred by a navigator? *(Limit of 1,500 characters)*
2. Does your agency have the capacity to support intentional collaborating within the Integrated Client Journey (ICJ)? Intentional collaboration includes engaging within the ICJ, connecting into the expertise across the network and building new collaborative partnership through the ICJ. *(Drop down Yes or No)*
3. Please describe the services that you are requesting United Way funding for. Include how your services align and support the Integrated Client Journey (ICJ). *(Limit of 4,000 characters)*

Continuous Quality Improvement (CQI)

1. United Way of Greater Houston continues to highly value Continuous Quality Improvement (CQI). How does your organization currently collect data? How is that data used to inform your organization’s decision-making process? Please share a time where a process or program was enhanced due to CQI. Please be as descriptive as possible. *(Limit of 1,500 characters)*

**Characteristics of CEO/Executive Director, Board Members, Staff Members**

**Collected separately for each group:**

* CEO/Executive Director
* Board Members
* Staff Members

*The total on each section of the form needs to match to submit. This means if you enter 30 board members in the Number of GROUP section, the total for each characteristic must match 30 to submit. Use the “unknown” box if you do not collect an item from the characteristic.*

|  |  |
| --- | --- |
|  | **Number** |
| Number of GROUP |  |

|  |  |
| --- | --- |
| **Age** | **Number** |
| 18-24 years old |  |
| 25-34 years old |  |
| 35-44 years old |  |
| 45-54 years old |  |
| 55-64 years old |  |
| 65 + years old |  |
| Unknown |  |

|  |  |
| --- | --- |
| **Ethnicity** | **Number** |
| Hispanic/LatinX or Spanish Origin (any race)  |  |
| Non-Hispanic/LatinX or Spanish Origin (any race) |  |
| Not listed |  |
| Unknown |  |

|  |  |
| --- | --- |
| **Gender** | **Number** |
| Female |  |
| Male |  |
| Non-binary (non-conforming) |  |
| Transgender Female |  |
| Transgender Male |  |
| Not listed |  |
| Unknown |  |

|  |  |
| --- | --- |
| **Individual with disability** | **Number** |
| Individual with disability |  |
| Individual without disability |  |
| Chose not to disclose |  |
| Unknown |  |

|  |  |
| --- | --- |
| **LGBTQ+** | **Number** |
| Member of LGBTQ+ |  |
| Not a member of LGBTQ+ |  |
| Chose not to disclose |  |
| Unknown  |  |

|  |  |
| --- | --- |
| **Race** | **Number** |
| African-American/Black  |  |
| Asian /Asian American |  |
| Indigenous People or Native Americans (American Indian or Alaska Native) |  |
| Middle Eastern or North African  |  |
| Multiracial (2 or more races) |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Not listed |  |
| Unknown |  |

**Agency Upload Section**

Upload most up to date Organizational Chart.

**Program Level Forms**

*Your application will have the following three program level forms associated with your application based on the program categories you intended to apply for that include: Financial Stability, Early Childhood / Youth Development, Health Care, Legal and Basic Needs.*

**Funding Amount Request -** **PROGRAM**

*Indicated Yes or No for each region your organization is requesting funding for in PROGRAM.*

*For each region that your organization is requesting funding for in PROGRAM, please enter the Total Amount Requested for 1-year (April 1, 2025 – March 31, 2026).*

**Program Subservices/Client Projections - PROGRAM**

*Please provide the amount requested in the first column, clients projected to be served for 1 year in second column, number of clients served in calendar year 2023 for each sub-service you are requesting funding for PROGRAM in the third column.*

*For the last column, please input 1 if your sub-services are offered only in-person, 2 if your sub-services are offered only virtually, or 3 if your sub-services are offered both in-person and virtually.*

*The total for each region on this form should match the total amount requested indicated on the "Funding Amount by Region - PROGRAM" form.*

*If applying in that region, please complete that section.*

*If not applying in that region, please leave that section blank.*

**For each PROGRAM, collected separately by region.**

**Financial Stability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub Service** | **Amount Requested** | **Client Projectionsto be served** | **Clients served in2023 (calendar year)** | **Services OfferedVirtual(1), In-person(2),Both(3)** |
| Income Supports |  |  |  |  |
| Adult Education |  |  |  |  |
| Computer Based/Digital Skills Training |  |  |  |  |
| Bridge Programs |  |  |  |  |
| Job Readiness |  |  |  |  |
| Vocational Training |  |  |  |  |
| Employment/Career Coaching |  |  |  |  |
| Workforce Support Services |  |  |  |  |
| Financial Education |  |  |  |  |
| Financial Products |  |  |  |  |
| Financial Coaching |  |  |  |  |
| Small Business/Entrepreneurship Supports |  |  |  |  |
| Asset Building Supports |  |  |  |  |
| Total *(will automatically calculate)* |  |  |  |  |

**Early Childhood / Youth Development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub Service** | **Amount Requested** | **Client Projectionsto be served** | **Clients served in2023 (calendar year)** | **Services OfferedVirtual(1), In-person(2),Both(3)** |
| Early Childhood Education |  |  |  |  |
| Out-of-School Time |  |  |  |  |
| During School Time or Ancillary Time |  |  |  |  |
| Total *(will automatically calculate)* |  |  |  |  |

**Health Care**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub Service** | **Amount Requested** | **Client Projectionsto be served** | **Clients served in2023 (calendar year)** | **Services OfferedVirtual(1), In-person(2),Both(3)** |
| Counseling |  |  |  |  |
| Outpatient Treatment  |  |  |  |  |
| Recovery Support Services  |  |  |  |  |
| Physical Health Care |  |  |  |  |
| Total *(will automatically calculate)* |  |  |  |  |

**Legal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub Service** | **Amount Requested** | **Client Projectionsto be served** | **Clients served in2023 (calendar year)** | **Services OfferedVirtual(1), In-person(2),Both(3)** |
| Legal Services |  |  |  |  |
| Total *(will automatically calculate)* |  |  |  |  |

**Basic Needs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sub Service** | **Amount Requested** | **Client Projectionsto be served** | **Clients served in2023 (calendar year)** | **Services OfferedVirtual(1), In-person(2),Both(3)** |
| Emergency intervention |  |  |  |  |
| Emergency shelter and lodging |  |  |  |  |
| Rent/Mortgage assistance |  |  |  |  |
| Food assistance |  |  |  |  |
| Utilities assistance |  |  |  |  |
| Prescription medical assistance |  |  |  |  |
| Transportation assistance |  |  |  |  |
| Basic Needs Assistance that coordinates with Navigator |  |  |  |  |
| Total *(will automatically calculate)* |  |  |  |  |

**Budget Narrative Question - PROGRAM**

How will the funding you request be used to support these services? *(Limit of 2,500 characters)*

**New Applicants will have additional Agency Level Forms for Organizational Review purposes.**

**Agency Level Forms**

**Organizational Review**

Contact Details

* Contact Person for Organizational Review *(limit up to 150 characters)*
* Email for Contact Person

Fiscal Year

* Please indicate your agency’s fiscal year end *(Drop down with fiscal year ends)*

Legal/Regulatory Section

* Is the agency in compliance with all applicable federal, state, and local laws? *(Drop down Yes or No)*
* Is the agency currently in compliance with applicable licensing, accreditation, and government code requirements? *(Drop down Yes or No)*
* Does your agency operate on a non-discriminatory basis with regard to race, ethnicity, age, gender, gender identity, sexual orientation, national origin, religion or presence of a disability, and ensure that services addressing the needs of a specific group shall not be excluded from funding? *(Drop down Yes or No)*
* Does your agency maintain a reasonable level of director and officer liability insurance and general liability insurance? *(Drop down Yes or No)*

Governance and Oversight Section

* Is the agency governed by a voluntary board of directors (board), comprised of legal representatives and in compliance with the Texas Nonprofit Act? *(Drop down Yes or No)*
* Does the agency maintain a current board minutes book (may be electronic file), with minutes documenting attendance, deliberations, and decisions of the board? *(Drop down Yes or No)*

Board Meetings

* Per your agency’s bylaws, how many times per year is the board of directors required to meet?
* Per agency bylaws, how many attendees is required for quorum at a board meeting? *(Indicate number and/or percentage as stated in bylaws)*
* During the past 12 months, how many board meetings did the agency hold?
* How many of those meetings made quorum?
* What is the average percent attendance at board meetings over the past 12 months?

Board Chair or President

* Enter the name of the current board chair or board president. *(limit up to 150 characters)*
* Enter board chair’s company affiliation (if applicable) *(limit up to 150 characters)*
* Enter the board chair’s mailing address including city, state and ZIP code.
* Enter the current board chair’s email address.
* Enter the end date of the current board chair’s term in office. *(MM/DD/YYYY)*

Board and Staff Leadership

* Has executive leadership (CEO/Executive Director) changed in the past 12 months? *(Drop down Yes or No)*
* Does the agency anticipate a change in leadership in the next 12 months? *(Drop down Yes or No)*
* Do you have a succession plan in the event of leadership changes at your agency? *(Drop down Yes or No)*

**Agency Budget**

*Please enter your agency's Fiscal Year End Budget for 2023 and Actual Results for 2023 as well as your Fiscal Year 2024 budget. Fiscal Year End (FYE) should be based on your fiscal year end.*

Revenue

|  |  |  |  |
| --- | --- | --- | --- |
|  | FYE 23 Budget | FYE 2023 Actual | FYE 24 Budget |
| Contributions |  |  |  |
| United Way of Greater Houston (UWGH) Investment |  |  |  |
| Foundation/Corporate Grants/ other United Ways |  |  |  |
| Special Events – Net |  |  |  |
| Associated Organizations |  |  |  |
| In-Kind Resources |  |  |  |
| Government Fees and Grants |  |  |  |
| Membership Dues Received |  |  |  |
| Program Service Fees |  |  |  |
| Sales to Public |  |  |  |
| Investment Income |  |  |  |
| Rental Income |  |  |  |
| All Other Income |  |  |  |
| Total |  |  |  |

Expenses

|  |  |  |  |
| --- | --- | --- | --- |
|  | FYE 23 Budget | FYE 2023 Actual | FYE 24 Budget |
| Salaries |  |  |  |
| Employee Health and Retirement |  |  |  |
| Payroll Taxes |  |  |  |
| Professional Fees / Contract Services |  |  |  |
| Office Expenses (supplies, telephone, postage, printing & publications) |  |  |  |
| Occupancy |  |  |  |
| Rental/Maintenance Equipment |  |  |  |
| Purchase of Equipment |  |  |  |
| Assistance to Individuals |  |  |  |
| National Dues / Support |  |  |  |
| In-Kind (Expense for In-Kind Donations listed above) |  |  |  |
| All Other Expenses |  |  |  |
| Total |  |  |  |

Surplus (Deficit)

|  |  |  |  |
| --- | --- | --- | --- |
|  | FYE 23 | FYE 23 Actual | FYE 24 Budget |
| Surplus (Deficit) |  |  |  |

**Agency Budget Narrative**

Is there anything you’d like to add which would help reviewers understand the financial statements provided above?

**Financials**

Supplemental Liquidity

* Does your agency have a Line of Credit (LOC)? *(Drop down Yes or No)*
	+ If yes:
	+ What is the LOC Limit?
	+ What is the LOC amount drawn to date?
	+ When does the LOC expire? *(MM/DD/YYYY)*
* Does your agency have any other sources of funding such as endowment or parent company loans or contributions? *(limit up to 1,200 characters)*

Leverage (Liabilities to Assets Ratio)

* Enter total Liabilities (from most recent interim financial statements)
* Enter total Assets (from most recent interim financial statements)
* Liabilities to Assets Ratio *(will be automatically calculated)*

2024 Budget

* Please enter Total Expenses for Fiscal Year ending in 2024 based on the current, approved budget
* Estimate of expenses/day *(will be automatically calculated)*
* Please enter Amount of Cash on hand (from most recent interim financial statement)
* Number of days of operating cash on hand *(will be automatically calculated)*

**Agency Upload Section**

Determination Letter from IRS (Proof of Nonprofit Status)

Board of Directors Roster - Upload list of your current board of directors. Include their addresses (City and State).

990 Tax Return - Most recent Tax Return available. If agency is not required to complete a tax form, please upload a statement confirming that.

2023 Audit, Single Audit, Review, or Compilation. - Upload Year End Financials for 2023. Hover over question mark for information related to Audit, Review or Compilation requirement which varies based on agency's total expenses.

2022 Audit, Single Audit, Review, or Compilation - Upload Year End Financials for 2022. Hover over question mark for information related to Audit, Review or Compilation requirement which varies based on agency's total expenses.

Internal Control Letter (For Agencies With Audits) - Letter confirming the audit did not reveal any findings of significant deficiencies or material weaknesses. If there were findings, please upload management letter.

Management Letter, If Audit Firm Reported Findings - Letter describing the findings and recommendations made by the audit firm (if applicable). This should be accompanied by the management’s response including action plan to address the findings.

Board Approval of Budget - Please provide board minutes documenting the board’s vote to approve the 2024 Annual Budget.

Board Minutes (Most Recent) - Most recent board-approved minutes from 2024.

Interim Statements of Activities - Most recent unaudited Statement of Activities (Profit & Loss; Revenues & Expenses).

Statement of Financial Position - Most recent unaudited Statement of Financial Position (Balance Sheet).